

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	12-17-1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ ..... Rejected  
☐ ..... Allowed  
☐ (Through numeral).... Canceled  
☐ ..... Restricted  
☐ ..... Non-elected  
☐ ..... Interference  
☐ ..... Appeal  
☐ ..... Objected

*SWP 5*

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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49	✓	✓	
50	✓	✓	

*SWP 5*

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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 (Rev. 6/00)

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12/19